

## NEIGHBORHOOD ASSISTANCE PROGRAM

### CONTRIBUTION NOTIFICATION FORM A (CNF-A)

Required for all donations of cash, stock, merchandise, real estate or rent/lease of facility  
Made between July 1, 2005 and June 30, 2006

(SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

#### PART I. TO BE COMPLETED BY DONOR (TYPE or PRINT ONLY)

<p>1. _____ Name of Donating Business</p> <p>2. (Mr./Mrs./Ms./Dr.) _____ (Circle One) Contact Person (Full Name)</p> <p>3. _____ Business Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone Number With Area Code</p> <p>4. Fed. I.D.# _____</p> <p>5. Business code _____ (See instructions)</p>	<p>6. Type of business: Corp. ____ *Sub S ____ *Partnership ____ *LLP ____ *LLC ____ *PLC ____ *PC ____</p> <p>Sole Proprietor ____ (Files Schedule C or F) (*Pass-through business entities must complete Form PTE and send to Dept. of Taxation). Refer to instructions.</p> <p>7. Donation Type: *Check ____ *Stock ____ *Merchandise ____ *Real Estate ____ *Rent/Leased Facility ____</p> <p>8. Date of donation: ____ / ____ / ____ to ____ / ____ / ____ (Actual date of donation / Beginning to ending date)</p> <p>9. Value of donation: \$ _____ (*Attach Required Supporting Documentation)</p> <p><b>Note: The value is determined in accordance with IRS standards. Refer to instructions on back of this form.</b></p>
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NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.

#### PART II CERTIFICATION BY DONOR

I certify that the value of the donation was determined in accordance with IRS standards or the exceptions listed in the instructions. I also certify that the above information is accurate and describes a donation made to the Neighborhood Assistance Organization. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. Please sign, date, and return this form to the NAP organization for completion. A tax credit certificate will be mailed to you from the Department of Social Services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Business Designee

#### PART III TO BE COMPLETED BY ORGANIZATION (TYPE or PRINT ONLY)

I certify that the above business has made the donation indicated above to this organization and I have documentation supporting the value of the donation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

1. \_\_\_\_\_ 2. Project I.D. #: \_\_\_\_\_  
(Organization Name as listed on Approval Certificate) (See Organization Approval Certificate)

3. Organization Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Street, City, State, Zip Code) (Include Area Code)

4. Neighborhood Assistance Organization Approval Year: 07 / 01 / 2005 - 06 / 30 / 2006

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Neighborhood Assistance Organization Designee

## INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM A (CNF-A)

**Use for all donations of cash, stock, merchandise, real estate, or rent/lease of facility made between July 1, 2005 and June 30, 2006.**

### General:

- Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.
- Donations must be made **directly** to the approved NAP organization with no strings attached.
- Discounted property (partial donations) and bargain sales are not allowable for NAP donations. All donations must be made without any conditions or expectation of monetary benefit from the NAP organization.
- Attach copies of supporting documentation (see Reference Sheet) for all donations. Retain copies of all donor documentation in your files. Failure to do so may result in a donor's loss of the tax credit.

### Specific Instructions:

#### PART I

Items 1-3: Exact name of business firm which made the donation, name of contact person at the business, mailing address and phone number of business.

Item 4: Federal ID # of business (Use Social Security # only when Sole Proprietor is not required to have Federal ID #).

Item 5: Enter one code from the following list which best describes the business:

1-Insurance	2-Bank	3-Law Firm	4-Physician/Dentist	5-Construction	6-Grocery Store	7-Utility
8-Accountant	9-Clinicians	10-Furniture Sales	11-Hardware Store	12-Designer/Artist	13-Rental Property	14-Clothing/Fabric
15-Machinery/Equipment	16-Architect	17-Farmer	18-Car Dealer	19-Truck Hauler	20-Pharmacy	21-Other

Item 6: Check one describing the organization of the business. All pass-through business entities must complete Form PTE (after receipt of tax credit certificate) and send to the Virginia Department of Taxation.

Item 7: Check one type of donation. (Each type of donation requires a separate CNF and must meet the minimum \$889 donation value).

Item 8: Enter the actual date or dates (beginning and ending) over which donation was given. These dates must be within the same program approval year.

Item 9: Enter value of donation. For checks, stock, merchandise (including inventory), and real estate, the value of the donation is determined using IRS standards. The amount listed should normally be the same as used for federal tax purposes. (See IRS Publication 561 for additional information on determining value of donations.)

Exceptions to IRS standards:

For Rent/Lease of Facility: The value assigned for donated rent or lease of property can not exceed the prevailing square footage rental charge for comparable property and must be agreed to by the donor and the NAP organization prior to the lease being signed. The NAP organization is responsible for obtaining documentation verifying reasonable costs for comparable property.

**PART II** Sign and date the certification. Return the CNF with supporting documentation to the NAP organization.

**NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.**

## NEIGHBORHOOD ASSISTANCE PROGRAM

### CONTRIBUTION NOTIFICATION FORM B (CNF-B)

For Use by Medical Professional Providing Certain Health Care Services

Between July 1, 2005 and June 30, 2006

(SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

#### PART I. TO BE COMPLETED BY MEDICAL PROFESSIONAL DONOR (TYPE or PRINT ONLY)

<p>1. _____ Name of Donating Medical Professional</p> <p>2. (Dr./Mr./Mrs./Ms.) _____ (Circle One) Contact Person (Full Name)</p> <p>3. _____ Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number With Area Code</p> <p>4. Social Security # _____</p>	<p>5. Type of Medical Professional: _____ (Refer to instructions on back of form)</p> <p>6. Services donated at: Clinic _____ Office _____ Other _____ Please specify where donation occurred</p> <p>7. Date(s) of donated health care services: from: ____/____/____ to: ____/____/____ (Actual date of donation / Beginning to ending date)</p> <p>8. Value of donated services: \$ _____ (Attached Required Supporting Documentation)</p> <p><b>Note: The value of donated services cannot exceed the lesser of the reasonable cost for similar services from other providers or \$125 per hour.</b></p>
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NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.

#### PART II CERTIFICATION BY MEDICAL PROFESSIONAL

I certify that the value of the donated service(s) was determined by the standards stated in the instructions and does not exceed the statutory maximum. I also certify I will not receive any type of compensation or reimbursement from medical insurance filing or from my company for the donated service(s) nor will my company receive any compensation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. Please sign, date, and return this form to the NAP organization for completion. A tax credit certificate will be mailed to you from the Department of Social Services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Donor Designee

#### PART III TO BE COMPLETED BY ORGANIZATION (TYPE or PRINT ONLY)

I certify that the above medical professional has made this donation of providing health care services for this approved organization and the listed value of the donation does not exceed the statutory limits. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

1. \_\_\_\_\_ 2. Project I.D. #: \_\_\_\_\_  
(Organization Name as listed on Approval Certificate) (See Organization Approval Certificate)

3. Organization Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Street, City, State, Zip Code) (Include Area Code)

4. Neighborhood Assistance Organization Approval Year: 07 / 01 / 2005 - 06 / 30 / 2006

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Neighborhood Assistance Organization Designee

# INSTRUCTIONS FOR DONATIONS NOTIFICATION FORM B (CNF-B)

For Use by Medical Professional Providing Certain Health Care Services between July 1, 2005 and June 30, 2006.

## General:

- Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.
- Donations must be made with no strings attached.
- Discounting (partial donations) and bargain sales are not allowable for NAP donations.
- A copy of the Services Contribution Data Sheet or spreadsheet listing the job title of the individual providing the service, type of service provided, date(s) of donation, hourly rate, total hours worked, and total value for services must be submitted with the CNF-B. The Certification by Medical Professional (on the Services Contribution Data Sheet) must be signed by the donor and attached to each spreadsheet. Retain a copy of all documentation in your files. Failure to do so may result in a donor's loss of the tax credit.

## Specific Instructions:

### PART I

- Items 1-3: Name of medical professional who made the donation, name of contact person for the donor, mailing address, and phone number of donor.
- Item 4: Social Security number of medical professional.
- Item 5: Enter the type of medical professional: **physician, pharmacist, dentist, chiropractor, physician assistant, nurse practitioner, optometrist, dental hygienist, nurse, professional counselor, clinical social worker, clinical psychologist, marriage and family therapist and physical therapist**, who are licensed pursuant to Title 54.1 and who provide health care services without charge within the scope of their licensure. **Credits are limited to the above mentioned medical professionals.**
- Item 6: Check location for donated services. If not at a clinic or doctors office, please specify where services occurred.
- Item 7: Enter the actual date or dates over which the health care services were donated. Date(s) of donation must occur within the same program approval year.
- Item 8: Enter the value of donation:
- As provided in §63.2-2004 C, of the Code of Virginia, the value of such donated services rendered by a physician, pharmacist, dentist, chiropractor, physician assistant, nurse practitioner, optometrist, dental hygienist, nurse, professional counselor, clinical social worker, clinical psychologist, marriage and family therapist and physical therapist shall not exceed the lesser of the reasonable cost for similar services from other providers or \$125 per hour. The value to be used for donated health care services must be agreed to by the donor and the NAP organization prior to the services being donated and documentation of the donation must be retained.

**PART II** Sign and date the certifications. Return the CNF with supporting documentation to the NAP organization.

**NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.**

## NEIGHBORHOOD ASSISTANCE PROGRAM

### CONTRIBUTION NOTIFICATION FORM C (CNF-C)

Required for all donations of **Professional Services** made between July 1, 2005 – June 30, 2006  
(SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

#### PART I. TO BE COMPLETED BY DONOR (TYPE or PRINT ONLY)

<p>1. _____ Name of Donating Business</p> <p>2. (Mr./Mrs./Ms./Dr.) _____ (Circle One) Contact Person (Full Name)</p> <p>3. _____ Business Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone Number With Area Code</p> <p>4. Fed. I.D.# _____</p> <p>5. Business code _____ (See instructions)</p>	<p>6. Type of business: Corp. ____ *Sub S ____ *Partnership ____ *LLP ____ *LLC ____ *PLC ____ *PC ____</p> <p>Sole Proprietor ____ (Files Schedule C or F) (*Pass-through business entities must complete Form PTE and send to Dept. of Taxation). Refer to instructions.</p> <p>7. Date of donation: ____ / ____ / ____ to ____ / ____ / ____ (Actual date of donation / Beginning to ending date)</p> <p>8. Type of Professional Service: _____ (See Instructions on Donor Fact Sheet)</p> <p>9. Value of donation: \$ _____ (Attach Required Supporting Documentation)</p> <p><b>Note:</b> For professional services donated by the proprietor or a partner, the value shall not exceed the lesser of the reasonable cost for similar services from other providers or \$125 per hour. For services donated by a salaried employee of the business, the value is the salary that such employee was actually paid while rendering the service.</p>
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NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.

#### PART II CERTIFICATION BY DONOR

<p>I certify that the above information is accurate and describes a donation of professional services made to the Neighborhood Assistance Organization listed below. I also certify that the listed value of the donation does not exceed statutory limits. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. Please sign, date, and return this form to the NAP organization for completion. A tax credit certificate will be mailed to you from the Department of Social Services.</p>	
_____ Date	_____ Signature of Business Designee

#### PART III TO BE COMPLETED BY ORGANIZATION (TYPE or PRINT ONLY)

<p>I certify that the above business has made the donation indicated above to this organization, that I have documentation on the actual time donated, and the listed value of the donation does not exceed statutory limits. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.</p>	
1. _____ (Organization Name as listed on Approval Certificate)	2. Project I.D. #: _____ (See Organization Approval Certificate)
3. Organization Address: _____ (Street, City, State, Zip Code)	Phone #: _____ (Include Area Code)
4. Neighborhood Assistance Organization Approval Year: <u>07 / 01 / 2005 - 06 / 30 / 2006</u>	
_____ Date	_____ Signature of Neighborhood Assistance Organization Designee

## INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM C (CNF-C)

Used for all donations of **Professional Services** provided between July 1, 2005 and June 30, 2006.

### General:

- Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.
- Donations must be made with no strings attached.
- Discounting (partial donations) and bargain sales are not allowable for NAP donations.
- A copy of the Services Contribution Data Sheet or spreadsheet listing the job title of the individual providing the service, type of service provided, date(s) of donation, hourly rate, total hours worked, and total value for services must be submitted with the CNF-C. The Certification by Business Donor (on the Services Contribution Data Sheet) must be signed by the donor and attached to each spreadsheet. Retain a copy of all documentation in your files. Failure to do so may result in a donor's loss of the tax credit.

### Specific Instructions:

#### PART I

Items 1-3: Exact name of business firm which made the donation, name of contact person at the business, mailing address and phone number of business.

Item 4: Federal ID # of business (Use Social Security # only when Sole Proprietor is not required to have a Federal ID #).

Item 5: Enter one code from the following list which best describes the business:

2-Bank	3-Law Firm	4-Physician/Dentist	8-Accounting	16-Architect	20-Pharmacy	21-Other
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Item 6: Check one describing the organization status of the business. All pass-through entities must complete Form PTE (after receipt of tax credit certificate) and send to the Virginia Department of Taxation.

Item 7: Enter the actual date or dates over which the professional services were donated. Dates must be within the same program approval year.

Item 8: Enter type of donated professional service.  
**Note \*\*\*** Eligible professional services are limited to: accounting, actuarial services, architecture, land surveying, law, dentistry, medicine, optometry, pharmacy, and professional engineer.

Item 9: Enter value of donation using the following methods:

For professional services rendered by the proprietor or a partner, the value shall not exceed the lesser of the reasonable cost for similar services from other providers or \$125 per hour.

For a salaried employee of a business firm, the value shall be equal to the salary (excludes fringes) that the employee was actually paid for the period of time the employee rendered professional services to the approved program.

**PART II** Sign and date the certifications. Return the CNF with supporting documentation to the NAP organization.

**NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.**

## NEIGHBORHOOD ASSISTANCE PROGRAM

### CONTRIBUTION NOTIFICATION FORM D (CNF-D)

Required for all donations of **Contracting Services** between July 1, 2005 and June 30, 2006  
(SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

#### PART I. TO BE COMPLETED BY DONOR (TYPE or PRINT ONLY)

<p>1. _____ Name of Donating Business</p> <p>2. (Mr./Mrs./Ms.) _____ (Circle One) Contact Person (Full Name)</p> <p>3. _____ Business Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone Number With Area Code</p> <p>4. Fed. I.D.# _____</p> <p>5. Business code _____ (See instructions)</p>	<p>6. Type of business: Corp. _____ *Sub S _____ *Partner _____ *LLP _____ *LLC _____ *PLC _____ *PC _____</p> <p>Sole Proprietor _____ (Files Schedule C or F) (*Pass-through business entities must complete Form PTE and send to Dept. of Taxation). Refer to instructions.</p> <p>7. Date of donation: _____ / _____ / _____ to _____ / _____ / _____ (Actual date of donation / Beginning to ending date)</p> <p>8. Type of Contracting Service: _____ (See Instructions on Donor Fact Sheet)</p> <p>9. Value of donation: \$ _____ (Attach Required Supporting Documentation)</p> <p><b>Note: For contracting services donated by a proprietor, partner or LLC, the value shall not exceed the lesser of the reasonable cost for similar services from other providers or \$50 per hour. For services donated by a salaried employee of the business, the value is the salary that such employee was actually paid while rendering the service.</b></p>
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NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.

#### PART II CERTIFICATION BY DONOR

I certify that the above information is accurate and describes a donation of contracting services made to the Neighborhood Assistance Organization listed below. I also certify that the listed value of the donation does not exceed statutory limits. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. Please sign, date, and return this form to the NAP organization for completion. A tax credit certificate will be mailed to you from the Department of Social Services.

\_\_\_\_\_  
Date Signature of Business Designee

#### PART III TO BE COMPLETED BY ORGANIZATION (TYPE or PRINT ONLY)

I certify that the above business has made the donation indicated above to this organization, that I have documentation on the actual time donated, and the listed value of the donation does not exceed statutory limits. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

1. \_\_\_\_\_ 2. Project I.D. #: \_\_\_\_\_  
(Organization Name as listed on Approval Certificate) (See Organization Approval Certificate)

3. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Street, City, State, Zip Code) (Include Area Code)

4. Neighborhood Assistance Organization Approval Year: 07 / 01 / 2005 - 06 / 30 / 2006

\_\_\_\_\_  
Date Signature of Neighborhood Assistance Organization Designee

## INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM D (CNF-D)

Used for all donations of **Contracting Services** made between July 1, 2005 and June 30, 2006.

### General:

- Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.
- Donations must be made with no strings attached.
- Discounting (partial donations) and bargain sales are not allowable for NAP donations.
- A copy of the Services Contribution Data Sheet or spreadsheet listing the job title of the individual providing the service, type of service provided, date(s) of donation, hourly rate, total hours worked, and total value for services must be submitted with the CNF-D. The Certification by Business Donor (on the Services Contribution Data Sheet) must be signed by the donor and attached to each spreadsheet. Retain a copy of all documentation in your files. Failure to do so may result in a donor's loss of the tax credit.

### Specific Instructions:

#### PART I

Items 1-3: Exact name of business firm which made the donation, name of contact person at the business, mailing address and phone number of business.

Item 4: Federal ID # of business (Use Social Security # only when Sole Proprietor is not required to have a Federal ID #).

Item 5: Enter one code from the following list which best describes the business:

5-Construction	21-Other
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Item 6: Check one describing the organization status of the business. All pass-through business entities must complete Form PTE (after receipt of tax credit certificate) and send to the Virginia Department of Taxation.

Item 7: Enter the actual date or dates over which the contracting services were donated. Dates must be within the same program approval year.

Item 8: Enter type of donated contracting service. "Contracting Services" refers **only to licensed contractors** making a donation specifically for the development, construction, renovation, or repair of homes of impoverished people or buildings used by an approved NAP organization.

Item 9: Enter value of donation using the following methods:

For contracting services rendered by a proprietor, partner or LLC, the value shall not exceed the lesser of the reasonable cost for similar services from other providers or \$50 per hour.

For a salaried employee of a business firm, the value shall be equal to the salary (excludes fringes) that the employee was actually paid for the period of time the employee rendered contracting services to the approved program.

**PART II** Sign and date the certifications. Return the CNF with supporting documentation to the NAP organization.

**NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.**



## NEIGHBORHOOD ASSISTANCE PROGRAM

### CONTRIBUTION NOTIFICATION FORM E (CNF-E)

Required for all **cash donations from individuals** made between July 1, 2005 and June 30, 2006

(SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

#### PART I. TO BE COMPLETED BY DONOR (TYPE or PRINT ONLY)

<p>1. (Mr./Mrs./Ms./Dr.) _____ (Circle One) Name of Donor (one name only)</p> <p>2. _____ Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number With Area Code</p> <p>3. Social Security # _____ (Required for Tax Documentation)</p>	<p>4. Date of donation: ____ / ____ / ____ to ____ / ____ / ____ (Actual date of donation / Beginning to ending date)</p> <p>5. Value of donation \$ _____</p> <p>No tax credit will be issued for a donation of less than \$500 or in excess of \$111,111. A maximum of \$50,000 in tax credits shall be issued to an individual or to a married couple in a taxable year. <b>The value of the tax credit is equal to 45% of the donation.</b></p> <p><b>NOTE: Only <u>CASH</u> donations are eligible for NAP tax credits. (Refer to instructions on back).</b></p>
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NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.

#### PART II CERTIFICATION BY DONOR

I certify that the above information is accurate and describes a **cash** donation made to the Neighborhood Assistance Organization. I am aware the tax credit may be taken only if I have not claimed a deduction for the donation amount on my federal income tax return. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. Please sign, date, and return this form to the NAP organization for completion. A tax credit certificate will be mailed to you from the Department of Social Services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Donor

#### PART III TO BE COMPLETED BY ORGANIZATION (TYPE or PRINT ONLY)

I certify that the above individual has made the donation indicated above to this organization and I have documentation supporting the donation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

1. \_\_\_\_\_ 2. Project I.D. #: \_\_\_\_\_  
(Organization Name as listed on Approval Certificate) (See Organization Approval Certificate)

3. Organization Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Street, City, State, Zip Code) (Include Area Code)

4. Neighborhood Assistance Organization Approval Year: 07 / 01 / 2005 - 06 / 30 / 2006

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Neighborhood Assistance Organization Designee

## INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM E (CNF-E)

Use for all **cash** donations from individuals made between July 1, 2005 and June 30, 2006.

### General:

- Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.
- Donations must be made with no strings attached.
- NAP approved organization must retain a copy of the supporting documentation (see Reference Sheet) in their files, attach a copy of the check to the CNF-E, and mail to DSS. Failure to follow these guidelines may result in a donor's loss of the tax credit.

### Specific Instructions:

#### PART I

- Items 1-2: Name of individual who made the donation, mailing address and phone number of individual. Please circle or underline appropriate title – Mr./Mrs./Ms./Dr. Use one name only.
- Item 3: Social Security # of donor is required for tax purposes.
- Item 4: Enter the actual date or dates (beginning and ending) over which donation was given. The minimum \$500 cash donation must be met between the period July 1 - December 31 or between January 1 – June 30 to qualify for a NAP tax credit.
- Item 5: No tax credit will be issued for a donation of less than \$500 or in excess of \$111,111.11. A maximum of \$50,000 in tax credits shall be issued to an individual or to a married couple in a taxable year. The value of the tax credit is equal to 45% of the donation. Only cash donations are eligible. (Stock, goods, etc. are not eligible for NAP tax credits).

**PART II** Sign and date the certification. Return the CNF to the NAP organization.

**NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.**

<b>A tax credit may be taken by an individual only to the extent they have not claimed a deduction for the donation amount on their federal income tax return.</b>
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